

**NEW FOREST NATIONAL PARK AUTHORITY
SICKNESS ABSENCE - RETURN TO WORK FORM**

- For all periods of sickness absence, all sections of the form must be fully completed and signed with your immediate manager
- The form should be completed on the first day of returning to work after sickness absence
- The discussion should take place in a confidential setting with adequate time allowed for the meeting

Employee name:	Job Title:	
1) Are you clear of your responsibilities for attending work and reporting sickness absence?	YES	NO*
*If No manager to explain responsibilities, reporting procedures, impact on the team, and Sickness Absence and Ill Health Policy, including trigger points for formal action.		
2) Date and Time you reported sick		
3) Name of Person notified		
4) What was the first day you were sick?		
5) What was the last day you were sick?		
6) Date of Return to work		
7) Details of Sickness – Clearly state the symptoms of an illness or injury.		
8) Did you have a sick note for your sickness? -Check has expired prior to return to work - Employee cannot return if still signed off sick	YES	NO
9) Is the absence a result of an injury sustained at work? If Yes - Accident Report Form req.	YES	NO
10) Does the reason for your absence affect your ability to drive? If yes seek further advice on Health & Safety via the Corporate Services Team. Do not allow employee to drive on behalf of Authority business. E.g. Medication/ underlying medical condition	YES	NO
11) Did the reason for your sickness change during your time off?	YES*	NO
12) Do you feel you have fully recovered?	YES	NO*
13) Did you visit a Doctor or Hospital?	YES*	NO
14) Is Sickness a result of an accident involving someone else?	YES*	NO
15) Is Sickness a result of an accident on the way to or from work?	YES*	NO
16) Are you still on medication related to your sickness?	YES*	NO

17) Do you have secondary employment? If yes, were you able to continue this work whilst sick?	YES*	NO
18) Is the sickness related to a disability?	YES*	NO
* If yes to any of 11 - 18 – what was the outcome?		
19) Have you had any sickness absence within the past 12 months?	YES *	NO
* If yes, to 19) A review of previous sickness during the past 12 months should be made to identify any underlying link/issues and these should be discussed, and notes added below.		
20) Is there anything you feel the Authority could do to assist you? If Yes - Detail below & consider reasonable adjustments	YES*	NO
Additional discussion notes:		
It's good to have you back at work - please check and sign off this form		
EMPLOYEE DECLARATION		
<input type="checkbox"/> I declare that the above Statement is true and accurate and claim payment where appropriate. <input type="checkbox"/> I understand the Authority's Sickness Absence and Ill Health Policy. <input type="checkbox"/> I agree that the Authority's Occupational Health Advisors may approach my General Practitioner in respect of this or any related period of sickness absence. I understand that to make a false Statement could result in Disciplinary Proceedings which may lead to dismissal (Discip policy paras 2.2 and 1.1.18).		
Signature:	Date:	
TO BE COMPLETED BY MANAGER/SUPERVISOR		
<input type="checkbox"/> I have conducted an appropriate return to work meeting <input type="checkbox"/> I have offered the Employee Support Line details (0800 1116 387 24/7 free from landlines) <input type="checkbox"/> I have explained the Authority's Sickness Absence and Ill Health Policy. <input type="checkbox"/> I have updated the employee on work matters in their absence <input type="checkbox"/> The sickness has been correctly added to Agresso <input type="checkbox"/> I have checked if a formal trigger point has been met, and discussed with HR where appropriate.		
Approved By: Name:	Signature:	Date:

Copy to: Staff Member, Winnie Sandhu and HR Advisory Team (ATC)